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TO:	FROM:
COMMISSIONER FOR PATENTS	Charles W. Shifley
COMPANY:	DATE:
USPTO	September 5, 2006
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(703) 872-9306 571-273-8300	3
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
10/747,832	011738.00214

RE: In re: Appln. Thompson
Appln. No. 10/747,832
Filed: December 29, 2003
For: Closed Loop Medicament Pump

OFFICIAL FAX

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COMMENTS:

Status Inquiry

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002/003

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/747,832	
	Filing Date	December 29 2003	
	First Named Inventor	Thompson	
	Art Unit	3763	
	Examiner Name	(T/B/D)	
Total Number of Pages In This Submission	3	Attorney Docket Number	011738.0021..

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover sheet
Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Charles W. Shifley		
Date	September 5, 2006	Reg. No.	28,042

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			Date
Typed or printed name	J. Smith		9-5-06

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 011738.00214)

In re U.S. Patent Application of)	
Thompson)	
)	
Application No. 10/747,832)	Examiner: T/B/D
)	
Filed: December 29, 2003)	Group Art Unit: 3763
)	
For: CLOSED LOOP MEDICAMENT PUMP)	Confirmation No.: 6454

STATUS INQUIRY

Commissioner for Patents
Washington, D.C. 20231

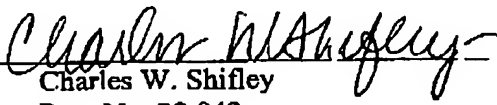
Dear Sir:

Applicant respectfully requests a report with respect to the status of the above-identified application. It is noted that we are in receipt of the filing receipt for this application.

Respectfully submitted,

BANNER & WITCOFF, LTD.

Dated: September 5, 2006

By: 
Charles W. Shifley
Reg. No. 28,042

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